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<b>SERIAL NUMBER</b> 10/721,307	<b>FILING OR 371(c) DATE</b> 11/25/2003 <b>RULE</b>	<b>CLASS</b> 434	<b>GROUP ART UNIT</b> 3711	<b>ATTORNEY DOCKET NO.</b> 16844.57
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/292,192 11/11/2002 ABN which is a CON of 09/640,700 08/17/2000 PAT 6,527,558

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 02/26/2004 **\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 45	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
000027683

**TITLE**  
Interactive education system for teaching patient care

<b>FILING FEE RECEIVED</b> 675	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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